

Name

is Full

CERTIFICATE OF DEATH

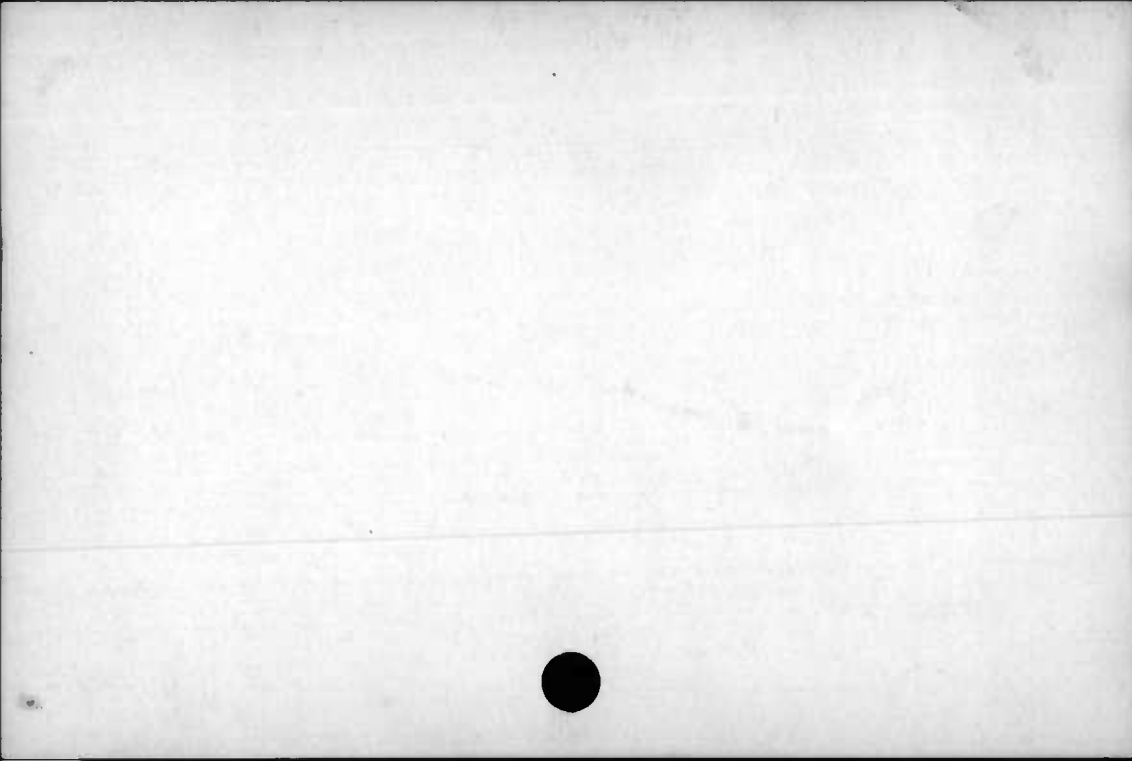
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shut-</i> Town		County <i>Hartford</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>June</i>	Day <i>15</i>	Age <i>1</i>	Years <i>1</i>	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Dublin</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Charles Atkins</i>			Father's Birthplace <i>Dublin</i>		
Mother's Maiden Name <i>Emma Atkins</i>			Mother's Birthplace <i>West. Md.</i>		
Name of person giving information <i>J. A. Snowden</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

Primary <i>Consumption</i>	How long <i>4 Months</i>
Immediate <i>Same</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. W. C. Arthur</i>
	Address <i>Shut-Md</i>
Accident or Suicide?	

PHYSICIAN
CORONER



Sarah Catharine Armstrong

MARYLAND

Died at *Abbeiden* Town

Harford County

Date of death *1905* Month *June*

Day *13*

Age *75* Years

Months *9*

Days *18*

Sex *Female*

Color or Race *White*

Birth-place *Aldino*

Occupation *House work*

Where Residing if not at place of death

Married, Single or Widowed *Widow*

Name of Wife or Husband *Sydney Armstrong*

Father's Name *Taylor Gilbert*

Father's Birthplace

Mother's Maiden Name *Sophia Baker*

Mother's Birthplace *Carsus*

Name of person giving information *Dr. S. Armstrong*

How related to deceased *Son*

CAUSES OF DEATH

Primary *Carcinoma*

How long *2 yrs -*

Immediate *Exhaustion*

How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas H. Knite*

Address *Abbeiden, Md.*

Accident or Suicide? *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

①

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>South Delta</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	<i>June</i> ^{Month}	<i>5</i> ^{Day}	<i>1</i> ^{Year}	<i>1</i> ^{Months}	<i>1</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>South Delta</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>_____</i>		
Name of Wife or Husband <i>_____</i>					
Father's Name <i>Wm Barrett</i>			Father's Birthplace <i>Slate Hill Pa</i>		
Mother's Maiden Name <i>Alison Barrett</i>			Mother's Birthplace <i>Harford Pa</i>		
Name of person giving information <i>Wm Barrett</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

Primary	<i>Inflammatory Brain</i>	How long <i>60</i> ^{days}	<i>One week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. Steward M.D.</i>		
<i>Yes</i>	Address <i>Delta Pa.</i>		
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDGrace Amanda Barrington
Town Forest Hill County Harford

MARYLAND

Died at
Date of death 1905 June 22nd Age 18 Months 7 Days 4

Sex Female Color or Race White Birth-place Harford co. Md.

Occupation _____ Where Residing if not at place of death Near Forest Hill

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name James C Barrington Father's Birthplace Bucks co. Pa.

Mother's Maiden Name Mary E. Onion Mother's Birthplace Harford co

Name of person giving information Mary E. Onion How related to deceased Mother

CAUSES OF DEATH

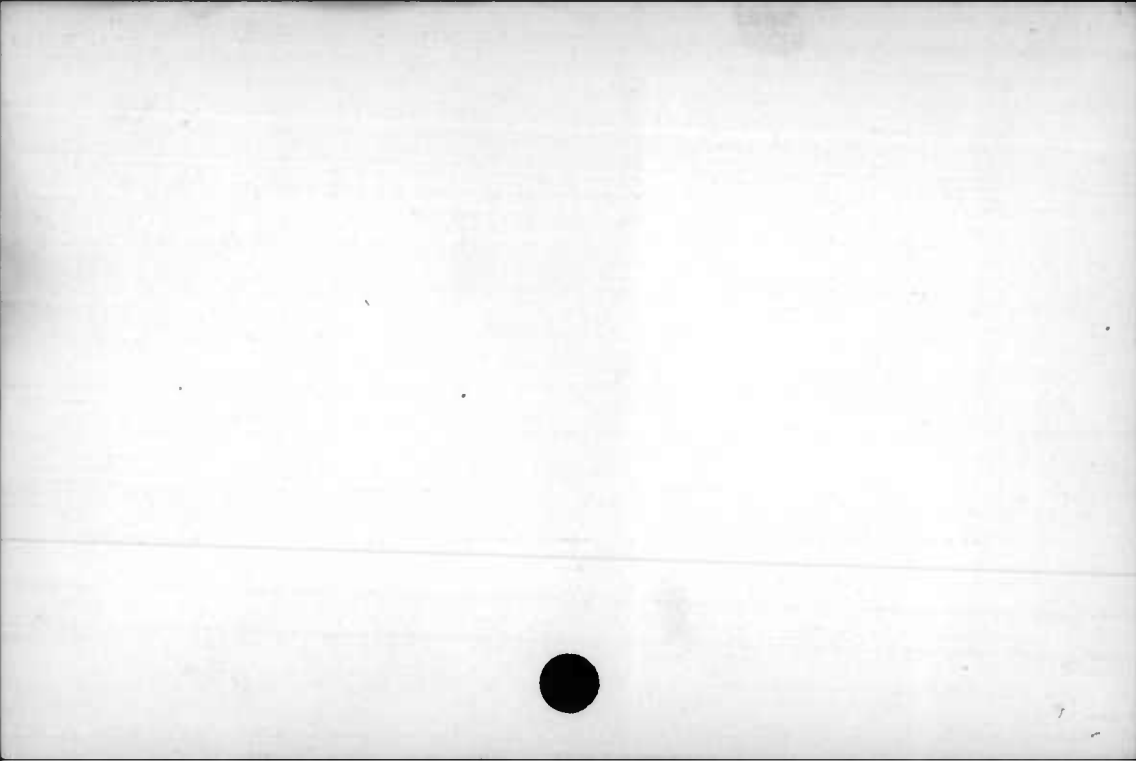
Primary Typhoid Fever How long about 2 weeks
Immediate Collapse How long _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. F. Bradley M.D.

Address Garretttsville Md

Accident or Suicide? _____



Name
in
Full

Mary Boenick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

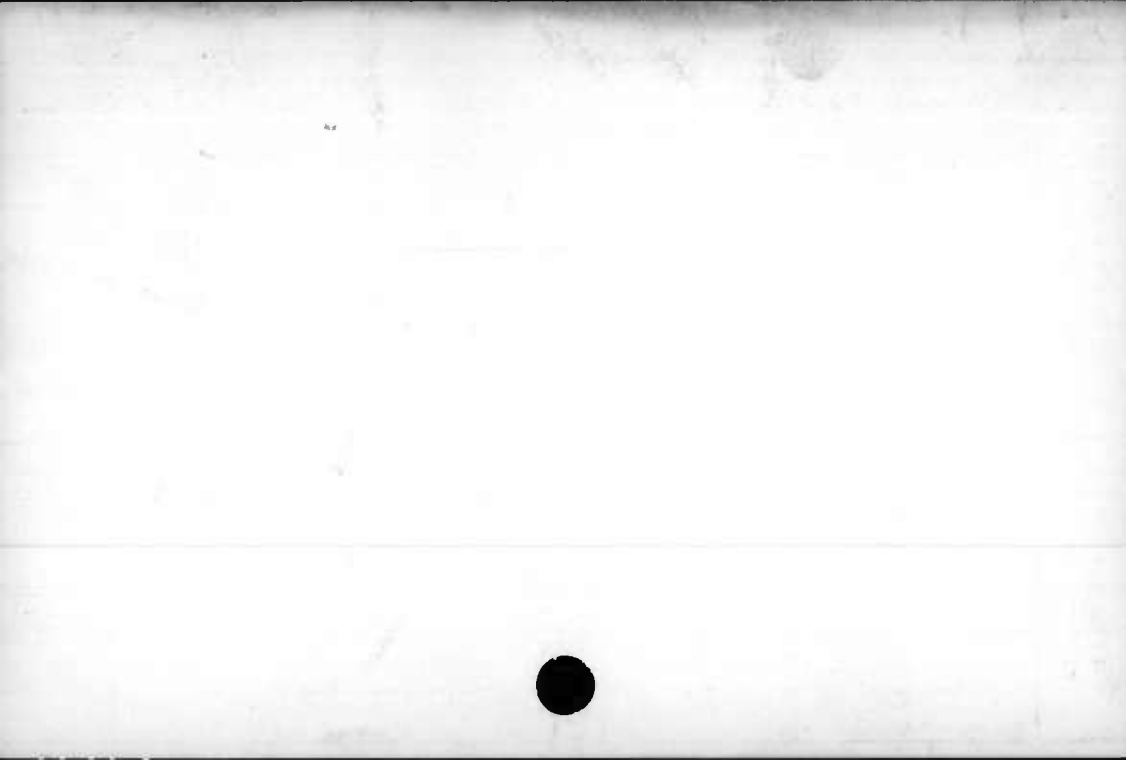
Died at		Madonna		Harford		MARYLAND	
Date of death	1905	Month	June	Day	5	Age	72
Sex		Female		Color or Race		White	
Occupation		Housekeeping		Where Residing if not at place of death		near Madonna	
Married, Single or Widowed		widow		Name of Wife or Husband		John Boenick	
Father's Name		Conrad Breidenbaugh		Father's Birthplace		Germany	
Mother's Maiden Name		Mary Zell		Mother's Birthplace		..	
Name of person giving Information		Conrad Breidenbaugh		How related to deceased		Brother	

CAUSES OF DEATH

Primary	Dropsy	How long	3 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Cesar M. Mearns	
Address		Jarrettsville Maryland.	
Accident or Suicide?			

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

6

15

Age

Years

Months

7

Sex

Female

Color or
Race

White

Birth-
place

Aberdeen

Occupation

Where Residing if not
at place of death

do

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Wm. Ed. Boyd

Father's
Birthplace

Cecil Co.

Mother's
Maiden Name

Clara Sampson

Mother's
Birthplace

Harford Co.

Name of person giving
information

John M. Boyd

How related
to deceased

CAUSES OF DEATH

Primary

Tuberc. Vasculum

How long

10 hours

Immediate

How long

✓

Are the name, age, sex, color, date
and place correctly given above?

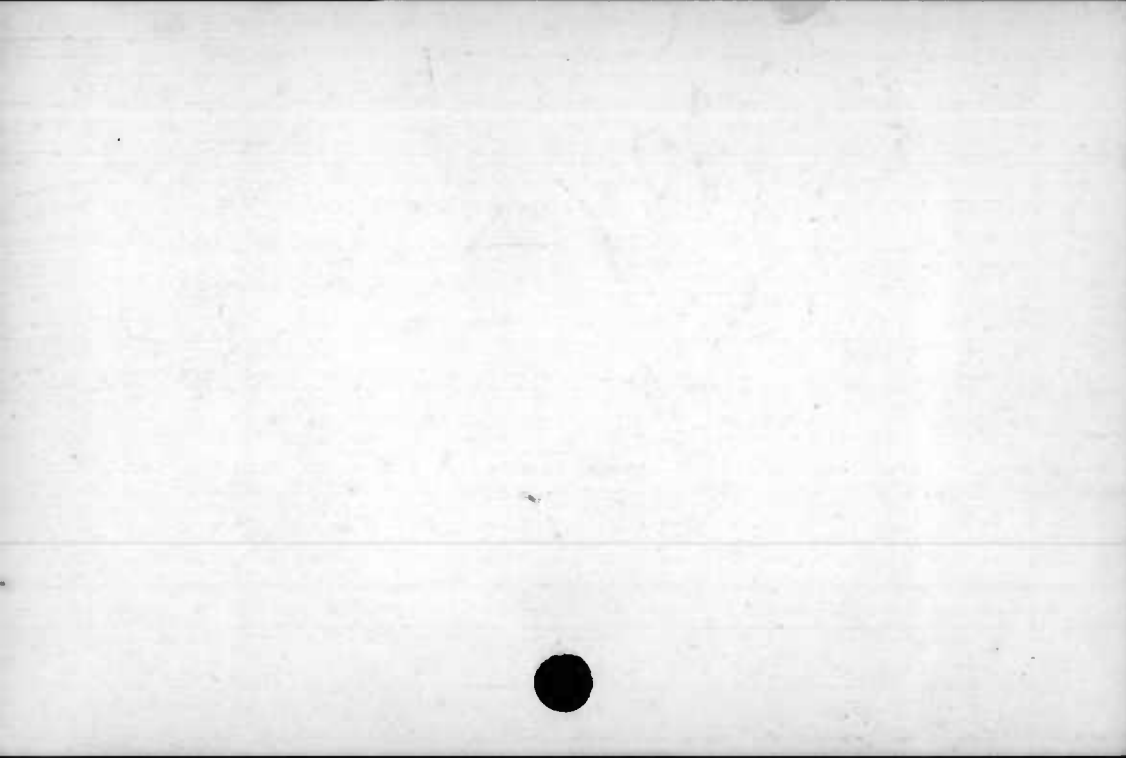
Signature of
Physician

Address

J. H. Kinnear

Aberdeen Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

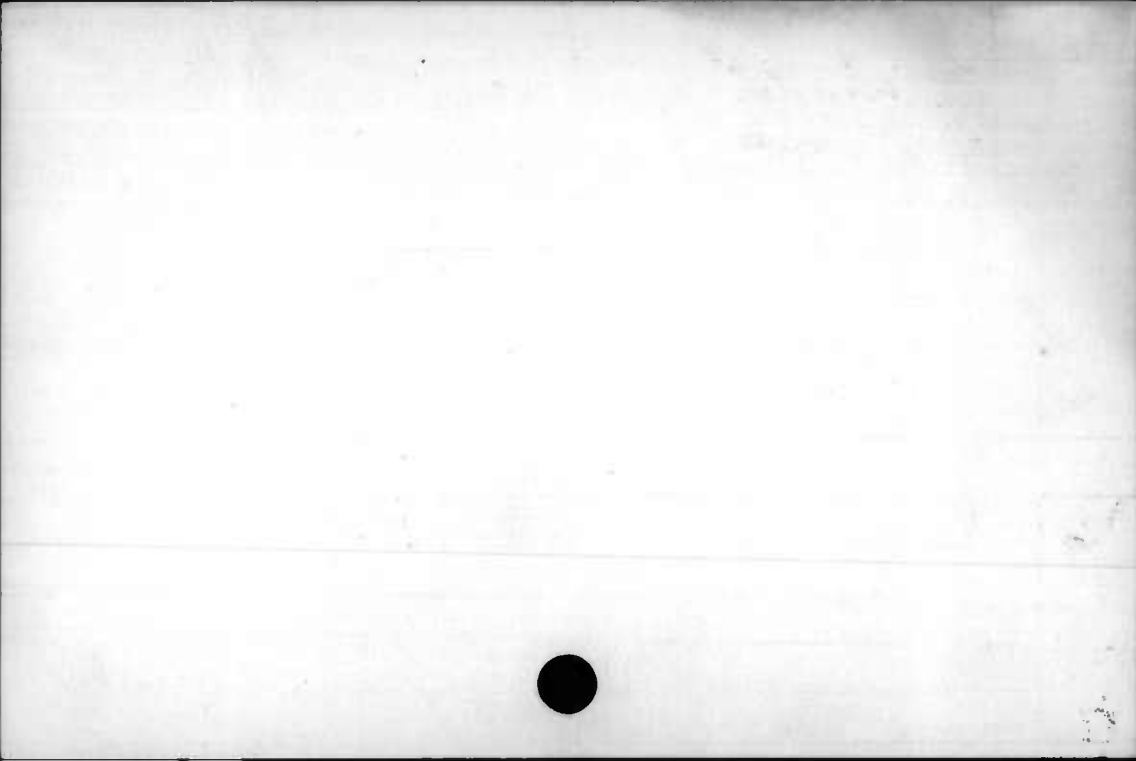
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Abingdon</i> ^{Town}		<i>Newford</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>June</i> ^{Month}	<i>9</i> ^{Day}	Age <i>29</i> ^{Years}	<i>7</i> ^{Months}	<i>9</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Occupation <i>Wife</i>	Where Residing if not at place of death <i>Home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Callahan</i>				
Father's Name <i>John Kerr</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Ellen Dadey</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving Information <i>Miss Margaret Kerr</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

Primary <i>Pulmonary tuberculosis Complic.</i>	How long <i>7 months</i>
Immediate <i>Exhaustion heart failure</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Callahan</i>
	Address <i>Cumville MD</i>
Accident or Suicide? <input checked="" type="checkbox"/>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beltcamp</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	1905	Month	6	Day	8
Age	27	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Cincinnati</i>
Occupation	<i>Lady</i>	Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>None</i>			
Father's Name	<i>F. A. Cassidy</i>			Father's Birthplace	<i>Ohio</i>
Mother's Maiden Name	<i>Della Sullivan</i>			Mother's Birthplace	<i>Cincinnati</i>
Name of person giving information	<i>Teacher</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gun shot</i>	How long	<i>unconscious</i>
Immediate	<i>Gun shot</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. A. falling south</i>	
		Address	
		<i>Belt Air road</i>	
<input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide?			



Name
in
Full

Mary H. Gable

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>June</i>	Day <i>24th</i>	Age <i>21</i>	Years	Months <i>10</i>	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford County</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>None</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>A. Lee Gable</i>				Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Mary A. Jones</i>				Mother's Birthplace <i>..</i>			
Name of person giving information <i>Harry L. Gable</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>27</i> <i>2 1/2</i> <i>years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>William J. Archer</i>	
<i>Yes</i>		Address <i>Bel Air Md</i>	
Accident or Suicide? <i>—</i>			

W Stephens ✓

W Ely ✓

W James ✕

J^r James

E^r James

● G^r Jones ✓

Smith Chappe
(Cousins)

Name
in
Full

Mary C. Dallam

CERTIFICATE OF DEATH

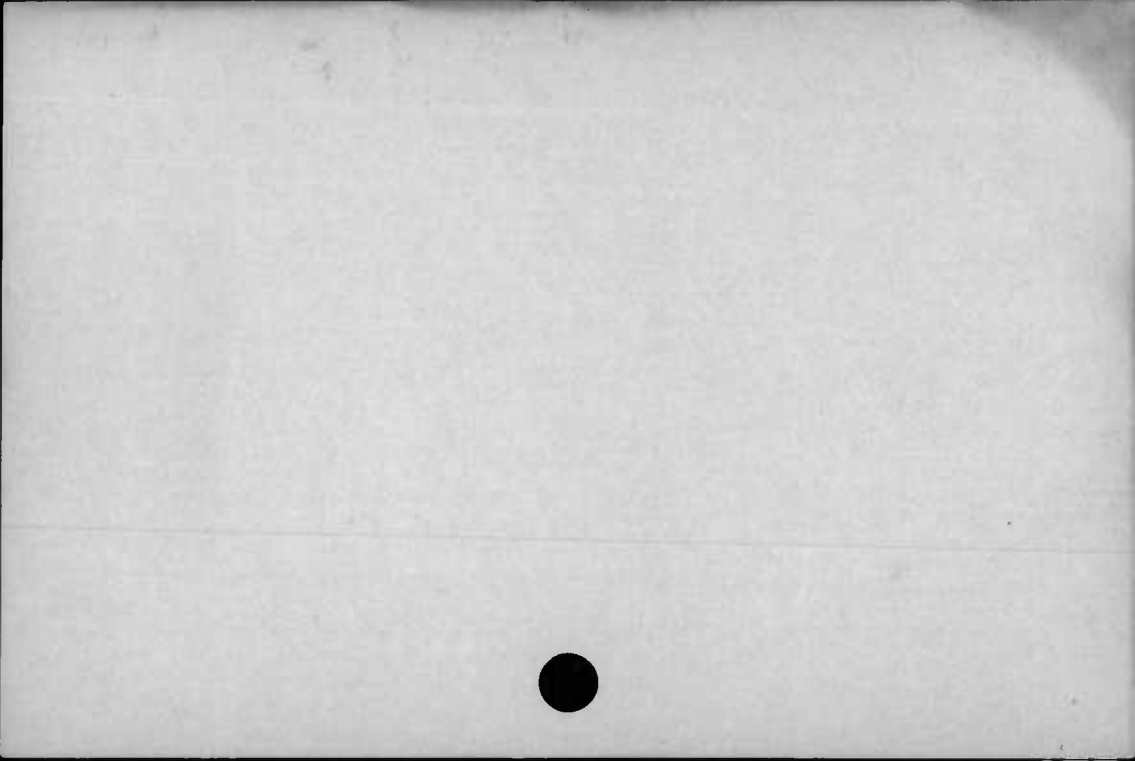
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bell Air</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death	<u>1905</u> ^{Month}	<u>June</u> ^{Day}	<u>15</u> ^{Age}	<u>78</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Bell Air Md</u>
Occupation	<u>—</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Widowed</u>		Name of Wife or Husband <u>William T. Dallam</u>		
Father's Name	<u>J. Mansley</u>		Father's Birthplace <u>Bell Air Md</u>		
Mother's Maiden Name	<u>Jane Hall</u>		Mother's Birthplace <u>—</u>		
Name of person giving information	<u>Fanny</u>		How related to deceased <u>—</u>		

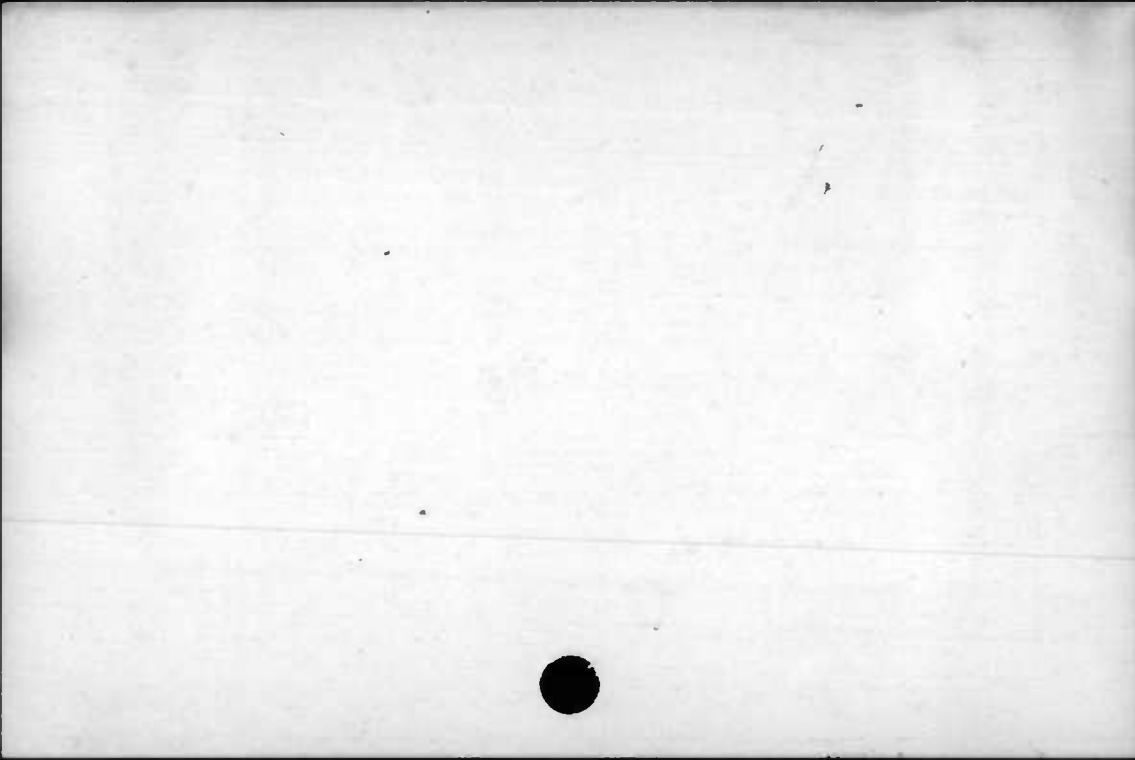
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>10 days</u>
Immediate	<u>as above</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>E. Hall Richardson</u>
		Address	<u>Bell Air Md</u>
Accident or Suicide? <u>—</u>			



Name in Full		Phillip Dallam				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1905		6	16	Age 20 years		
	Sex	Color or Race	Birth-place				
	Occupation	Where Residing if not at place of death					
	Married, Single or Widowed	Name of Wife or Husband					
	Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information		How related to deceased					
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Fracture Skull				How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. P. Pritchard act Coroner		
	Accident or Suicide?		Address		Sherrwood		
				M. E.			



Name in Full

Certificate of Death

Charles Fox

Died at ^{Town} Michael Hill ^{County} Harford

MARYLAND

Date 1905 June ^{Month} 30 ^{Day} Age 68 ^{Y.} ^{M.} ^{D.} Native of — Occupation —

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living —

Husband of
Wife

Father's Name Samuel Fox Mother's Maiden Name Miss Hilditch

Cause of Death { Primary Rheumatism Immediate Heart Trouble How long sick 48 ✓ Accident, Suicide, Homicide ☒

Reported by W. H. H. H.
Address Prigmar

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

Is
Full

William Merryman Glenn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rocks ^{Town} Harford ^{County} MARYLAND

Date of death 1905 ^{Month} June ^{Day} 20 ^{Years} 73 ^{Months} 11 ^{Days} 17

Sex Male Color or Race White Birth-place Harford Co

Occupation Farmer Where Residing if not at place of death _____

Married, Single or Widowed Widower Name of Wife or Husband _____

Father's Name William Glenn Father's Birthplace Maryland

Mother's Maiden Name Sarah Nelson Mother's Birthplace Maryland

Name of person giving information Louise Glenn How related to deceased son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

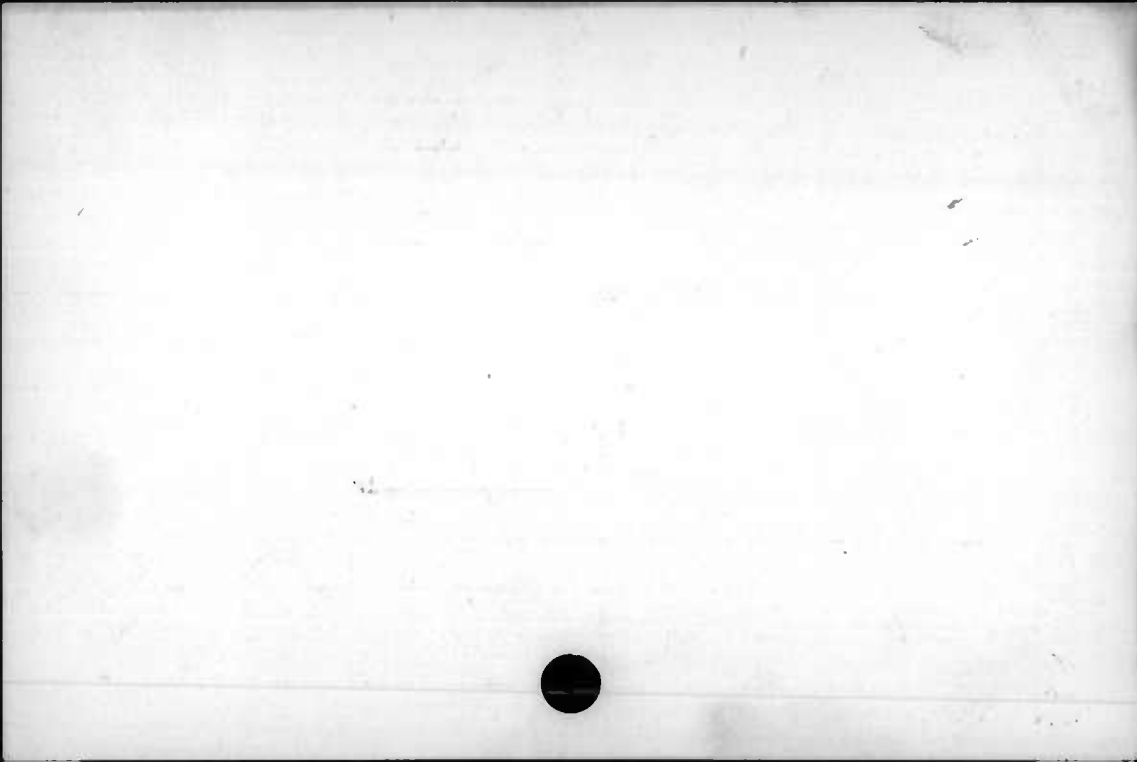
Primary Hereditary tendency ^{How long} (64)

Immediate Cerebral Hemorrhage. ^{How long} three days.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Oscar H. McNew

Address Garrettsville Ind

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Guilfoyle*

Died at *Whitford* ^{Town} *Harford* ^{County} **MARYLAND**

Date of death *1905* ^{Month} *6* ^{Day} *5* ^{Age} *36* ^{Years} *8* ^{Months} *25* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *Machinist* Where Residing if not at place of death

Married, ~~Single~~ ^{or Widowed} Name of Wife or ~~Husband~~ *Amanda Guilfoyle*

Father's Name *Harry Guilfoyle* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Amanda Guilfoyle* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

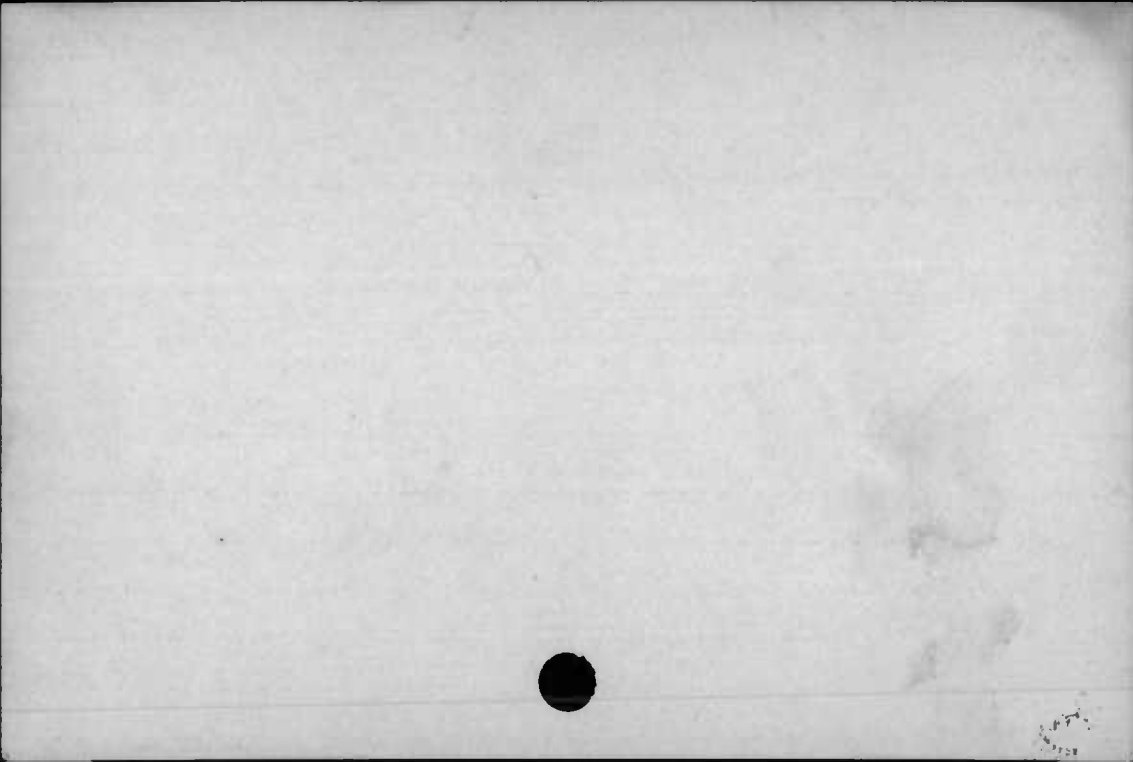
Primary *Tuberculosis* 27 How long *6 years*

Immediate _____ How long _____

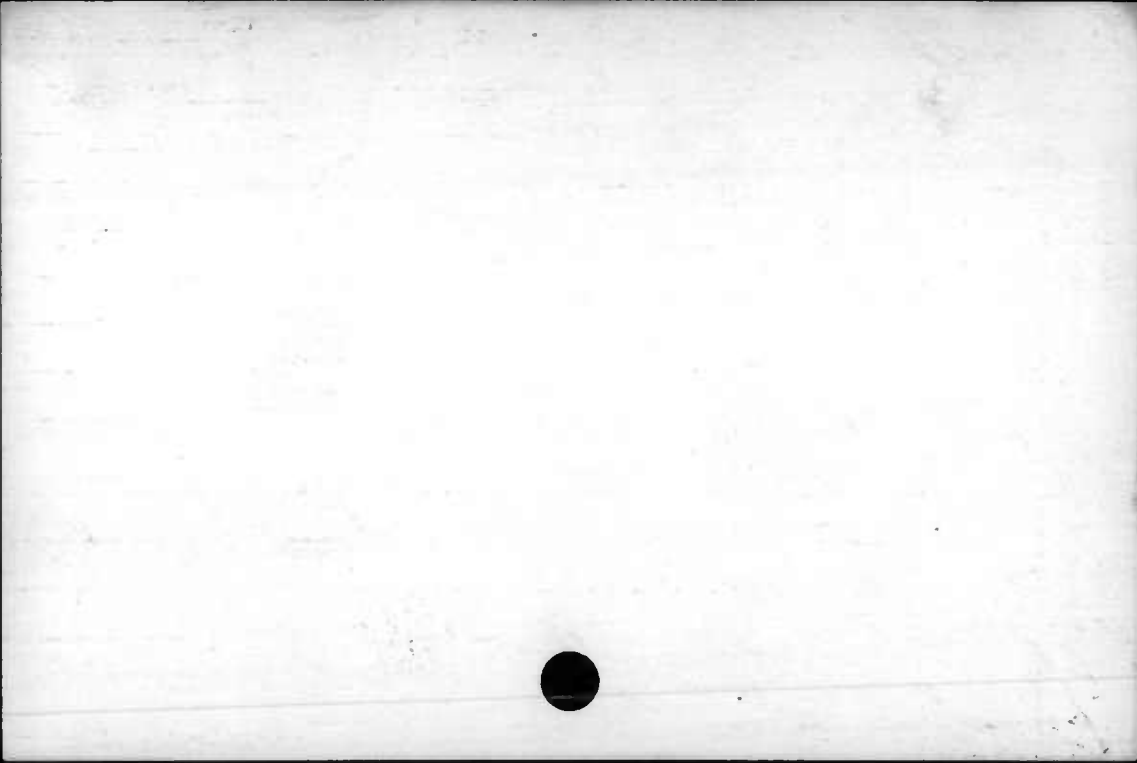
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. F. H. Arthur*Address *Cumby Ind.*

Accident or Suicide?



Name in Full		Matilda Rice Hemore				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Havre de Grace	County Harford	MARYLAND		
		Date of death		1905	Month June	Day 22	Years 91	Months 6
		Sex		Female		Color or Race	Black	
		Occupation		Housework		Birth- place	Harford Co	
		Where Residing if not at place of death						
		Married, Single or Widowed		Widow		Name of Wife or Husband Joshua Hemore		
		Father's Name		- dont know			Father's Birthplace -	
Mother's Maiden Name		Minty Rice			Mother's Birthplace dont know			
Name of person giving In formation		John Hemore			How related to deceased son			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		old age		How long		
		Immediate		Kidney disease		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Indefinite		
		Signature of Physician		J Lee Hopkins				
		Address		Havre de Grace				
<input checked="" type="checkbox"/> Accident or Suicide?						ned		



Name
in
Full

CERTIFICATE OF DEATH

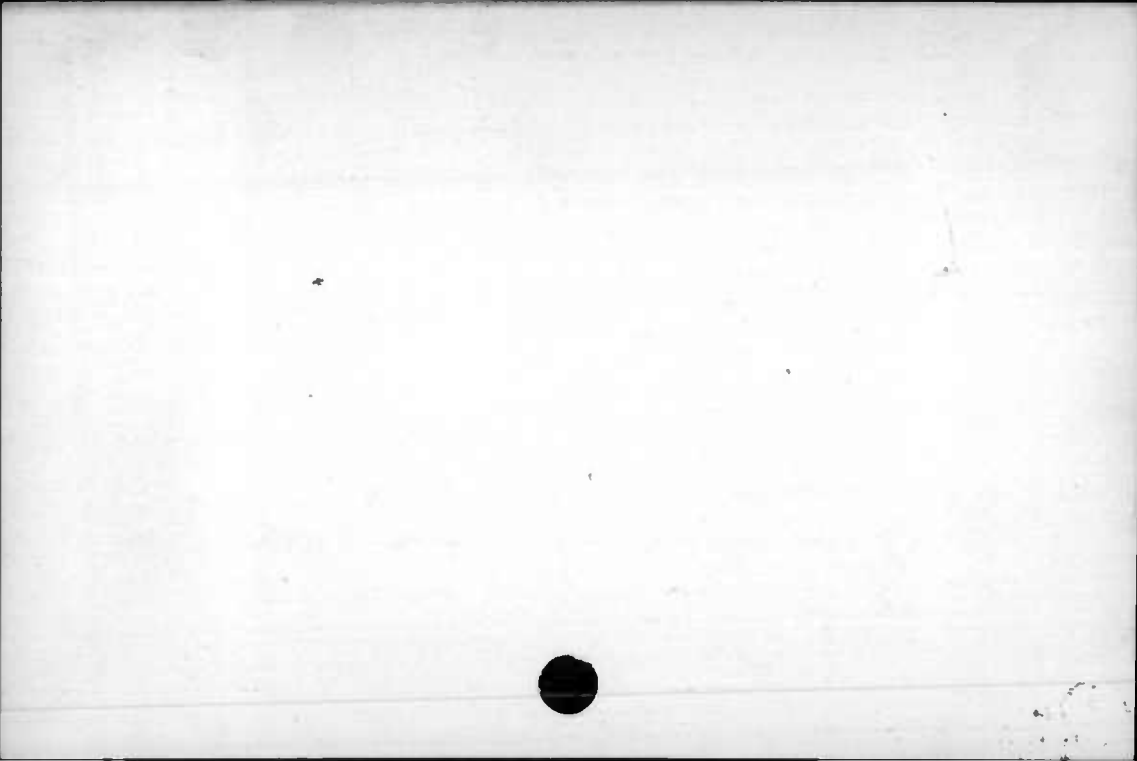
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah E James</i>		Town <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Bel Air</i>		Month <i>6</i>		Day <i>25</i>		Age <i>5-2</i>	
Date of death <i>1905</i>		Month <i>6</i>		Day <i>25</i>		Age <i>5-2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death		Days <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel James</i>		Father's Birthplace <i>Harford Co</i>		Mother's Birthplace <i>—</i>	
Father's Name <i>Wm Fousphe</i>		Mother's Maiden Name <i>Annetta Fousphe</i>		How related to deceased <i>Husband</i>			
Name of person giving information <i>Samuel James</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Uterus</i>	How long <i>14 1/2 months</i>
Immediate <i>Hemorrhage</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. P. Smithson</i>
	Address <i>Forest Hill Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

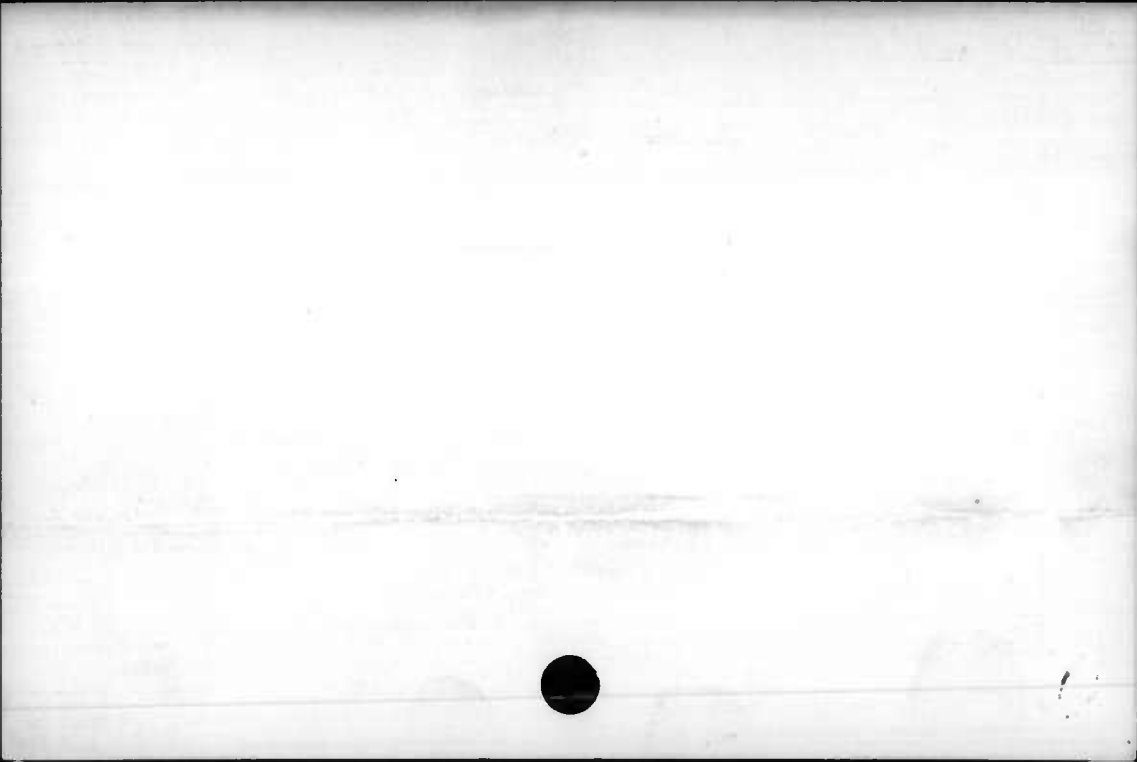
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Samuel Brook</i> ^{Town} <i>Hagerford</i> ^{County}		MARYLAND	
Date of death <i>90</i> ^{Month} <i>5</i> ^{Day} <i>5</i> ^{Years}	Age <i>88</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single <i>Widowed</i>	Name of Wife or Husband <i>?</i>		
Father's Name <i>?</i>	Father's Birthplace <i>?</i>		
Mother's Maiden Name <i>?</i>	Mother's Birthplace <i>?</i>		
Name of person giving Information <i>Caroline Johnson</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paraplegia</i>	How long <i>3 years</i>
Immediate <i>Asthma</i>	How long <i>66</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel H. Hagerford</i>
	Address <i>Belair</i>
Accident or Suicide? <i>(1)</i>	



Name
in
Full

Ethel May Gones

CERTIFICATE OF DEATH

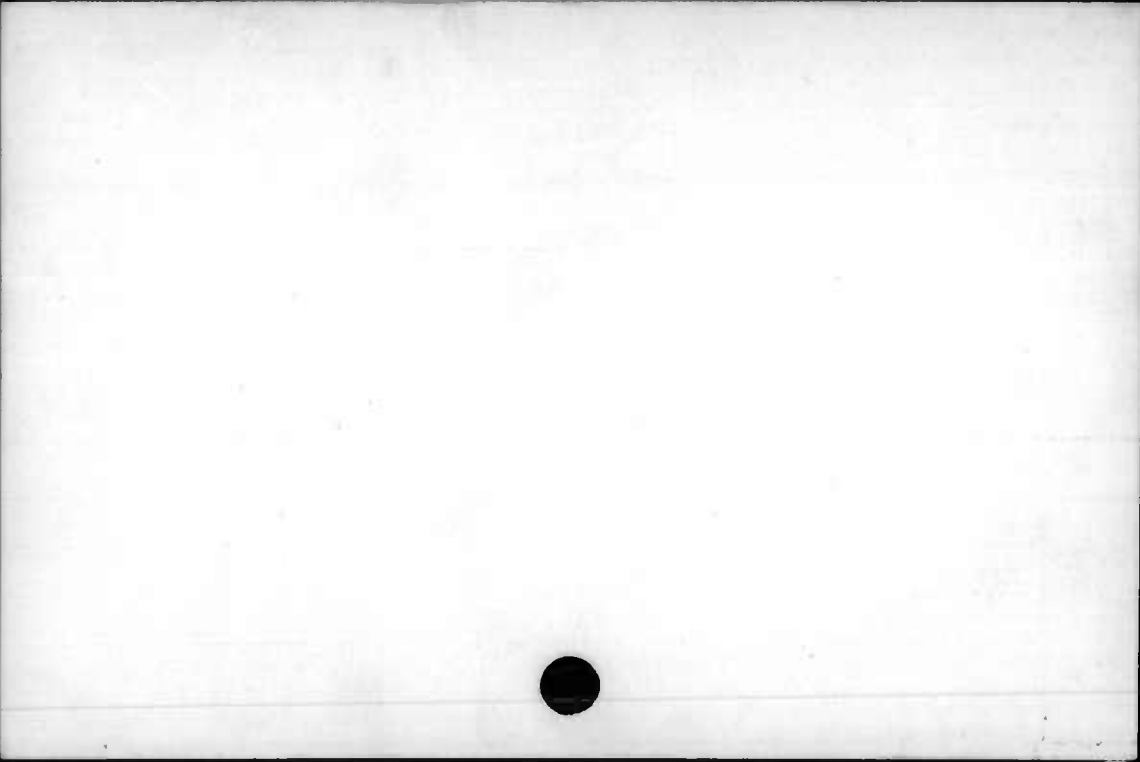
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Garrettsville</i> <small>Town</small>		<i>Harford County</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>3rd</i>	Age <i>10 months</i>	Months <i>9 months</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Garrettsville</i>		
Occupation <i>---</i>	Where Residing if not at place of death <i>Garrettsville</i>				
Married, Single or Widowed <i>---</i>	Name of Wife or Husband <i>---</i>				
Father's Name <i>Jno. Rush Gones</i>			Father's Birthplace <i>Harford co. Md</i>		
Mother's Maiden Name <i>Ella May Evans</i>			Mother's Birthplace <i>Harford co. Md</i>		
Name of person giving Information <i>Jno Rush Gones</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>Four weeks</i>
Immediate <i>Capillary Bronchitis</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Bradley M.D.</i>
	Address <i>Garrettsville Md</i>
Accident or Suicide? <i>---</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Walter Scarborough Jones</i>		Town <i>Glenville</i>		County <i>Warford</i>		MARYLAND	
Died at <i>Glenville</i>		Month <i>June</i>		Day <i>15</i>		Age <i>2</i>	
Date of death <i>1905</i>		Month <i>June</i>		Day <i>15</i>		Age <i>2</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Glenville Md</i>			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —					
Father's Name <i>Harry Jones</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Eucena Scarborough</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Eucena Scarborough</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pressure on head, due to Instruments</i>		How long <i>2 days</i>	
Immediate <i>Shock</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W B Kirk Md</i>	
		Address <i>Warlington Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Conrad Krouse

Died at *Aberdeen* Town *Harford* County *Co* MARYLAND
 Date of death *1905* Month *June* Day *6th* Tuesday Age *60* Years Months *11* Days *18*
 Sex *Male* Color or Race *White* Birth-place *Maryland*
 Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Annie Krouse*
 Father's Name *Conrad Krouse* Father's Birthplace *Germany*
 Mother's Maiden Name *Mary Smith* Mother's Birthplace *Germany*
 Name of person giving information *Annie Krouse* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Consumption* How long *4 mo.*
 Immediate *Exhaustion* How long *✓*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

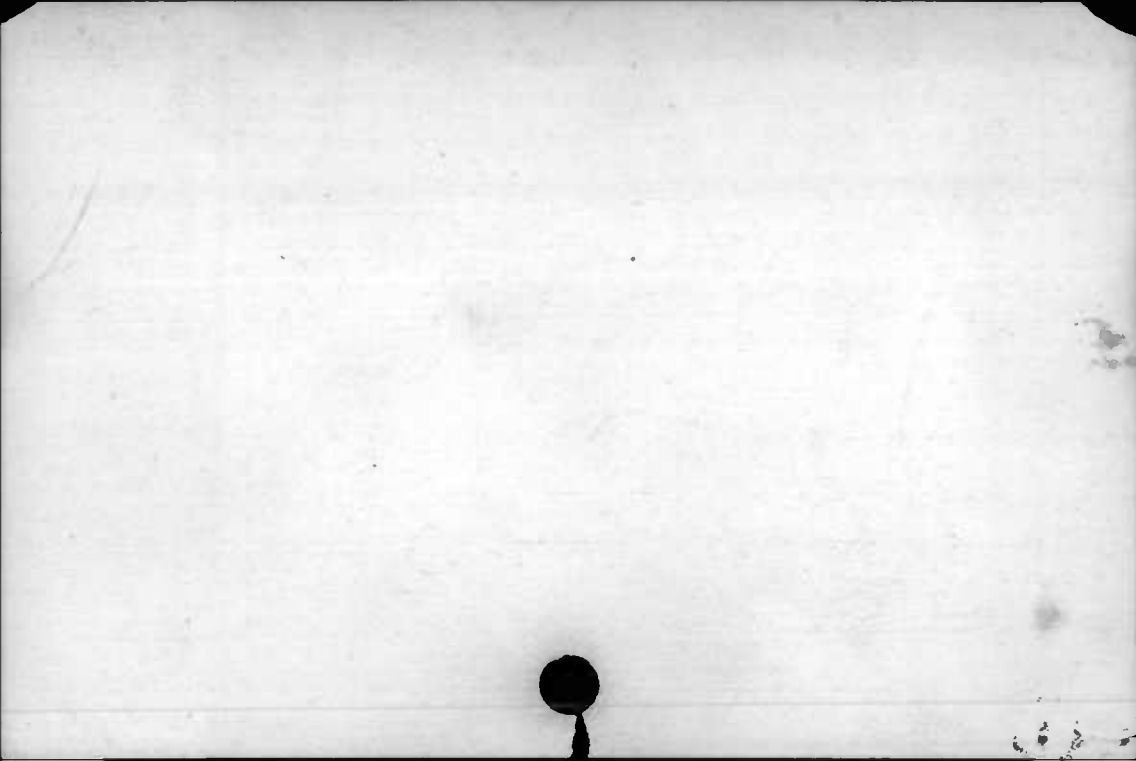
Address

W. H. Kennedy
Aberdeen Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Date of death 1904		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Asbury  =

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Halemia

County

Hayford

MARYLAND

Date

Month

Day

Year

Months

Days

of death 1905

June

11

Age

27

1

22

Sex

Male

Color or
Race

Colored

Birth-
place

Maryland

Married, Single
or Widowed

Single

Occupation

Laborer

Name of Wife or
HusbandFather's
Name

Robt. Lewis

Father's
Birthplace

Maryland

Mother's
Maiden Name

Bertha Corn

Mother's
Birthplace

Hayford Co.

Name of person giving
In formation

Harrison Lewis

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 mos.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

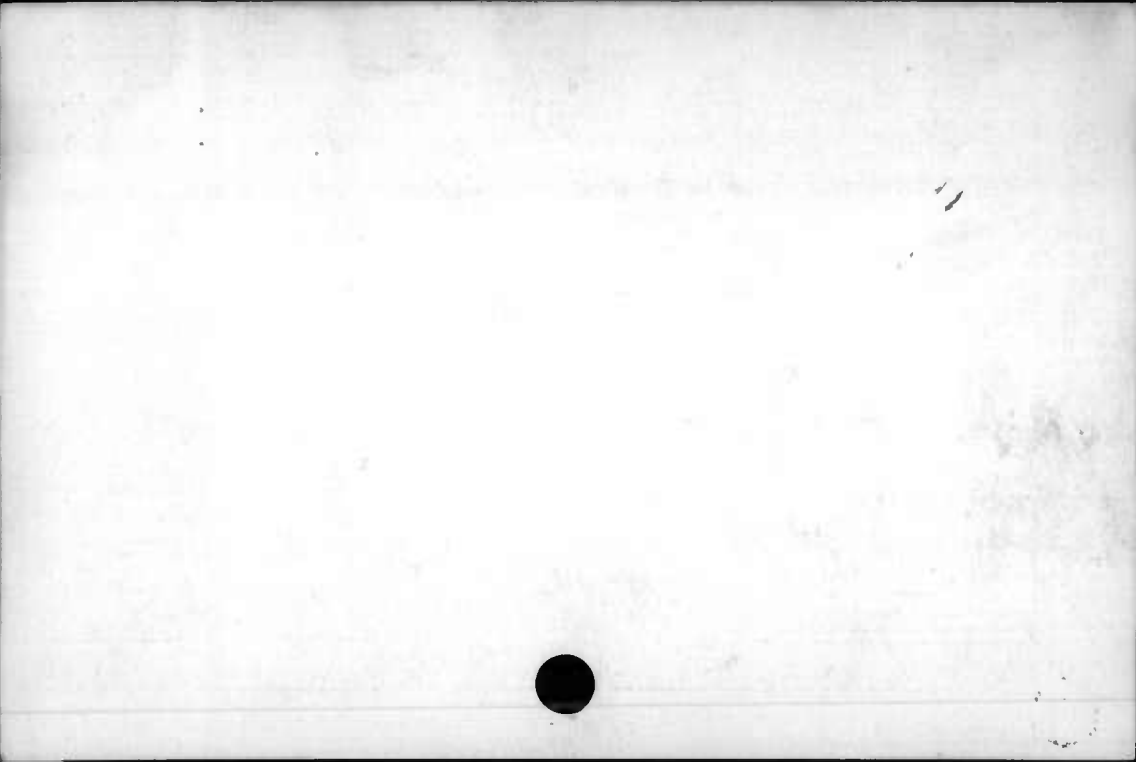
Signature of
Physician

F. L. Hughes

Address

Gibson, Md.

Accident or Suicide?



Name

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whiteford</i> <small>Town</small>		<i>Stafford</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>June</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>6 hours</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Harvey Lloyd</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Gustave de Rogers</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Injury

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr F H Arthur

Address

Cardiff md

Accident or Suicide?



Name
in
Full

Edward Day Union

CERTIFICATE OF DEATH

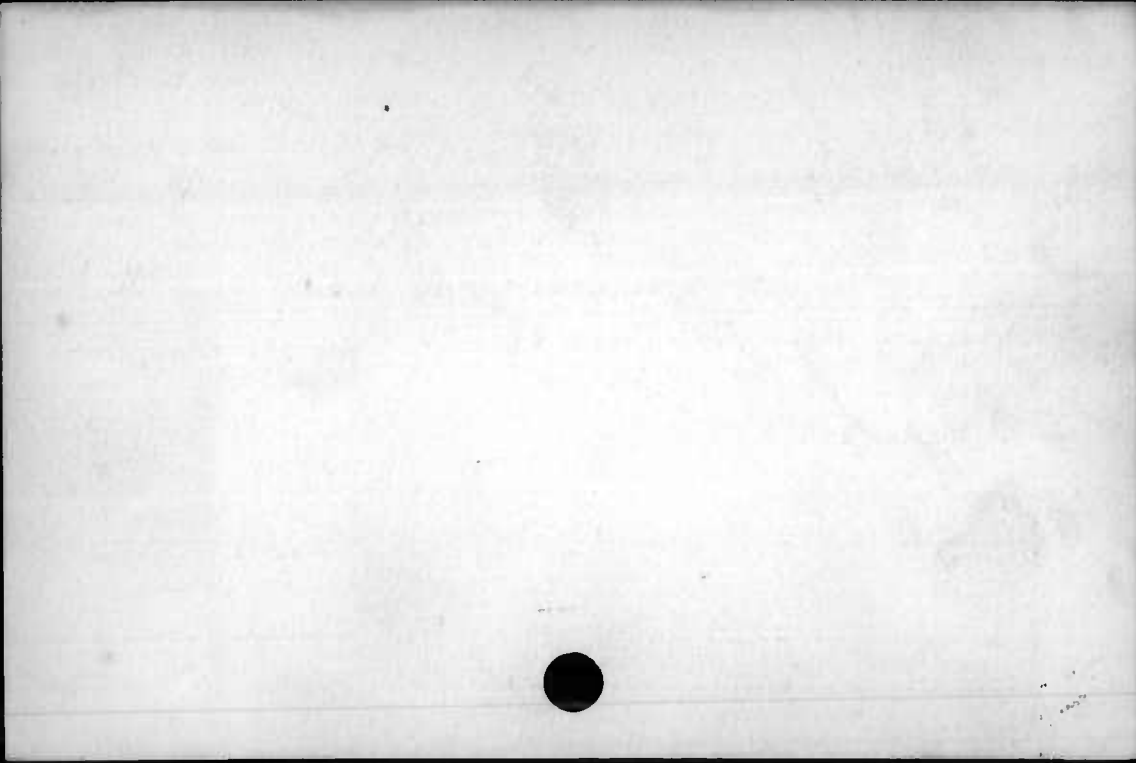
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sappa</i> <small>Town</small>		<i>Starford Co</i> <small>County</small>		MARYLAND	
Date of death 190	Month <i>6</i>	Day <i>12</i>	Age <i>75</i> <small>Years</small>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sappa Md</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>Coal Business</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Lloyd Union</i>			Father's Birthplace <i>Sappa Md</i>		
Mother's Maiden Name <i>Elizabeth Rouse</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Daughter Mrs Rouse</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Bowel</i>	How long <i>Three years</i>
Immediate <i>General debility</i>	How long <i>One year</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Keiper, M.D.</i>
<i>No</i>	Address <i>Franklinville Md</i>
Accident or Suicide? <i>No</i>	



Name

In
Full

CERTIFICATE OF DEATH

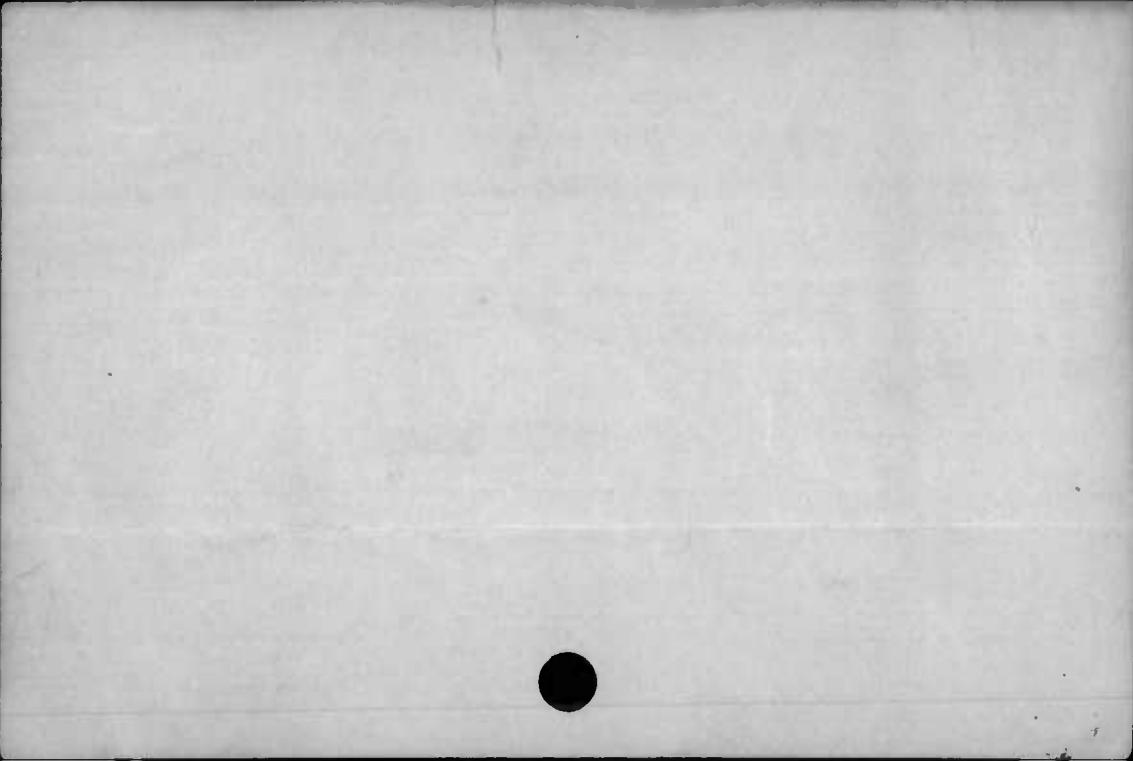
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Stafford</i> ^{County}		MARYLAND	
Date of death	1905	Month	June	Day	12
Age	Years		Months		6
Sex	Male		Color or Race	Caucasian	
Occupation			Birth-place	Bel Air	
			Where Residing if not at place of death <i>Bel Air</i>		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	<i>Ernest Ray Lyle</i>		Father's Birthplace	Md	
Mother's Maiden Name	<i>Edna Lyle</i>		Mother's Birthplace	Md	
Name of person giving information	<i>Robert Lyle</i>		How related to deceased	Uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis Pul.</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Samuel L. Gypson</i>
		Address
Accident or Suicide?		



Name
in
Full

Robert Kinggold

CERTIFICATE OF DEATH

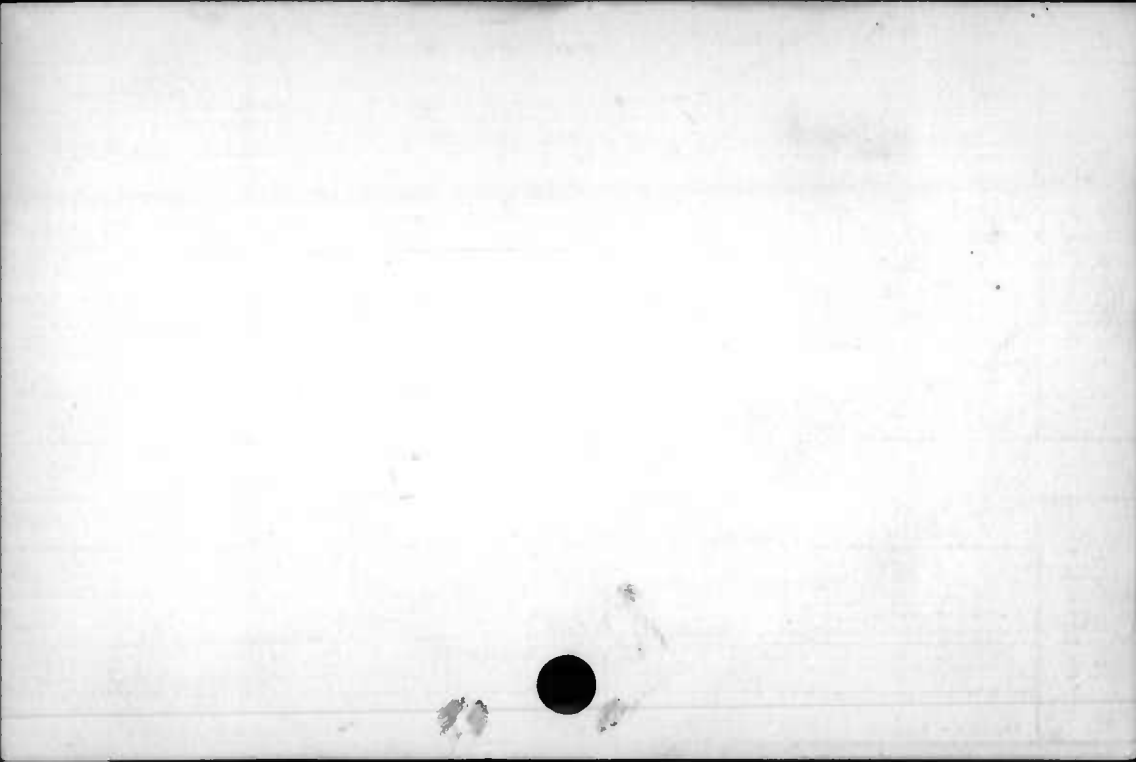
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Michaelsville Har. Co Md</i>		County <i>MD</i>		MARYLAND	
Date of death <i>1905 June 14</i>		Day <i>14</i>	Years <i>5</i>	Months	Days
Sex	Color or Race <i>colored</i>	Birth-place <i>Harford Co Md</i>			
Occupation <i>General work</i>	Where Residing if not at place of death <i>Michaelsville</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Susson Kinggold</i>				
Father's Name <i>Robert Nalis</i>	Father's Birthplace <i>Balto Md</i>				
Mother's Maiden Name <i>Charlotte Kinggold</i>	Mother's Birthplace <i>Har. Co Md</i>				
Name of person giving Information <i>Geo. Kinggold</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	How long <i>2 months</i>
Immediate <i>Pneumonia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>RN Johnson MD</i>
	Address <i>Perryman Harford Co Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

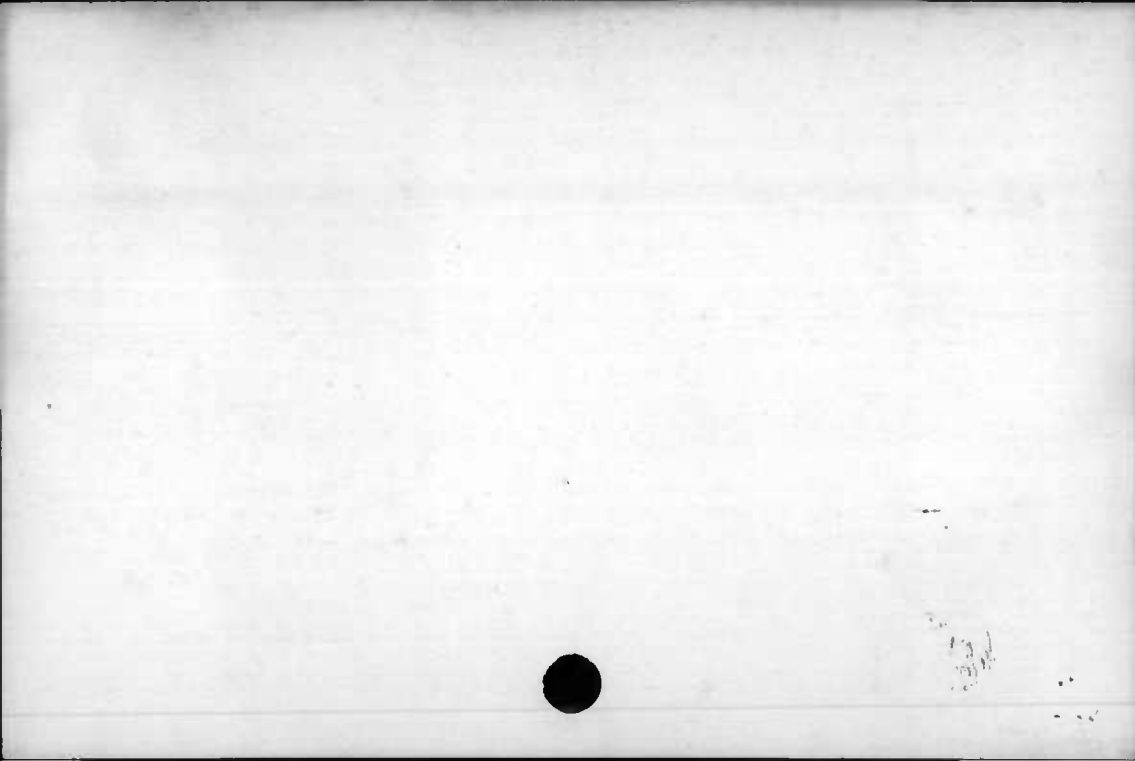
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lydia Rebecca Sotherton</i>		Town <i>Forest Hill</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Forest Hill</i>		Month <i>6</i>		Day <i>24</i>		Age <i>59</i>	
Date of death <i>1905</i>		Years <i>59</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>St. Mary Co</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rev. Edwin Johnson Sotherton</i>					
Father's Name <i>Horatio Leanter</i>		Father's Birthplace <i>St. Mary Co</i>					
Mother's Maiden Name <i>Elizabeth Berns Leanter</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Rev Edwin Johnson Sotherton</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

Primary <i>Asthma</i>	How long <i>3 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>1/2 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smithson</i>
	Address <i>Forest Hill Md</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER
1



Sarah Mary Wayne

Died at *The Rocks* ^{Town} *Harford* ^{County} MARYLAND

Date 19 <i>05</i>	Month <i>6th</i>	Day <i>29th</i>	Y. <i>84</i>	M. <i>4</i>	D. <i>26</i>	Native of <i>Pennsylvania</i>	Occupation <i>Housewife</i>
<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> White		<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Widow	<input type="checkbox"/> Divorced	
<input type="checkbox"/> Female	<input type="checkbox"/> Colored		<input type="checkbox"/> Single		<input type="checkbox"/> Widower	Number of children living	

Husband of *Thos. Wayne*

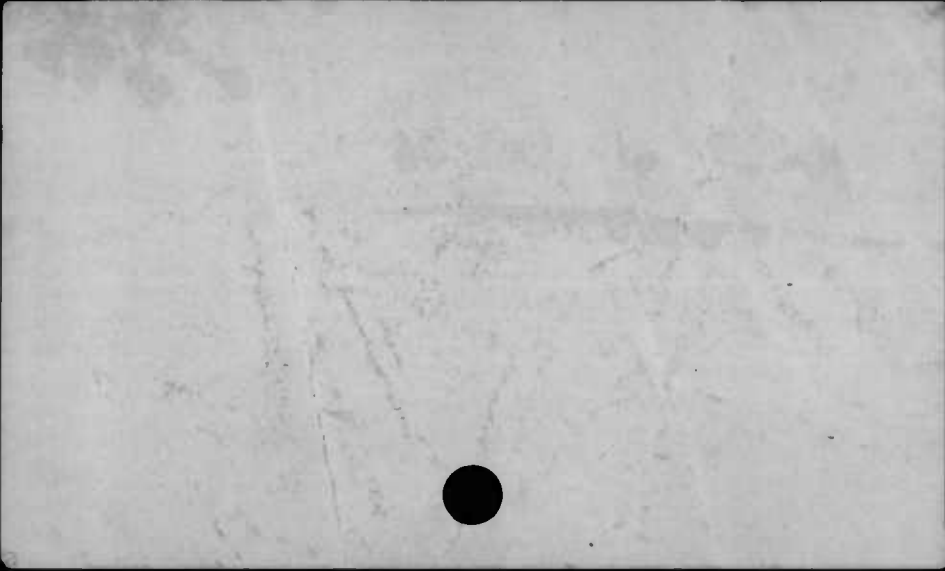
Father's Name *Jones* Mother's Maiden Name *Jones*

Cause of	Primary	<i>General debility</i>	<i>154</i>	How long sick	<i>2 months</i>
	Death	<i>Immediate</i>		<i>collapse</i>	Accident, Suicide, Homicide

Reported by *Dr Thos B. Hayward*

Address *Pylesville* *Harford Co Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edzie White

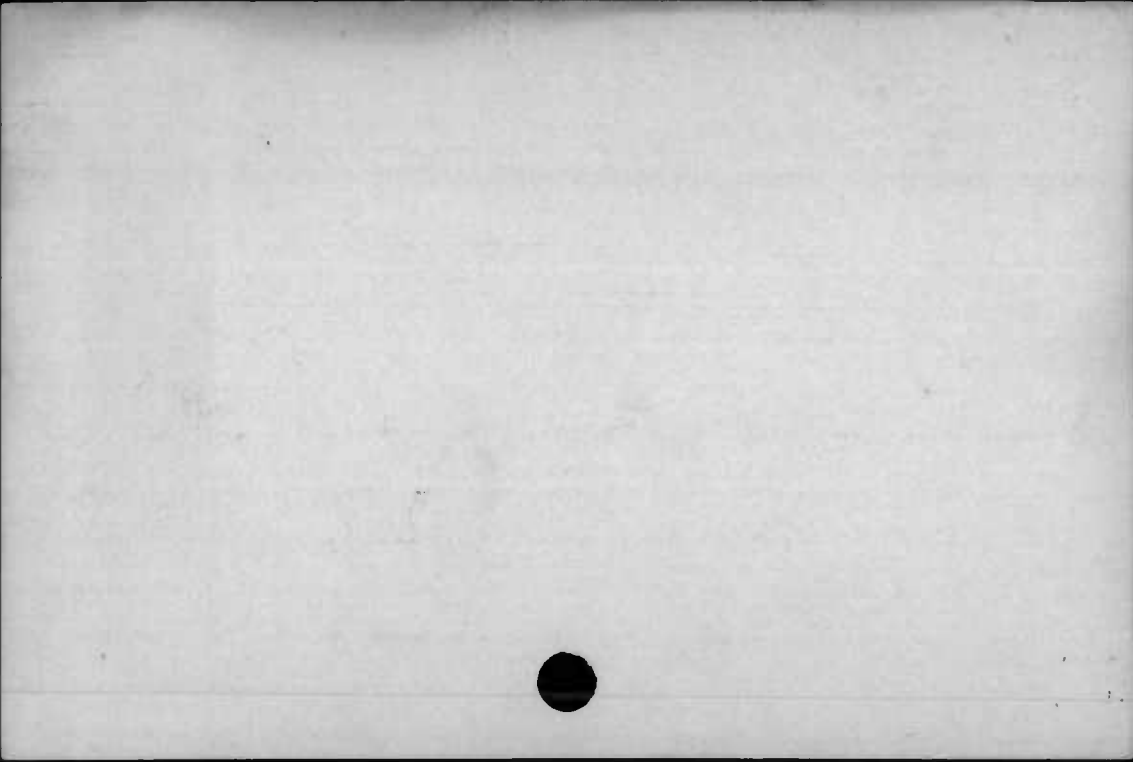
Died at <i>Parke</i> Town		County <i>Hartford</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>17</i>	Age <i>80</i>	Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Parke</i>		
Occupation <i>—</i>	Where Residing if not at place of death				

Married, Single or Widowed	<i>Widowed</i>	Name of <i>Wife</i> or Husband
Father's Name <i>Geo. S. White</i>	Father's Birthplace <i>Parke</i>	
Mother's Maiden Name <i>Ezra White</i>	Mother's Birthplace <i>"</i>	
Name of person giving Information <i>Louis Quinn</i>	How related to deceased <i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>6 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. H. E. Anthony</i>
	Address <i>Shut M</i>
Accident or Suicide?	



Name
in
Full

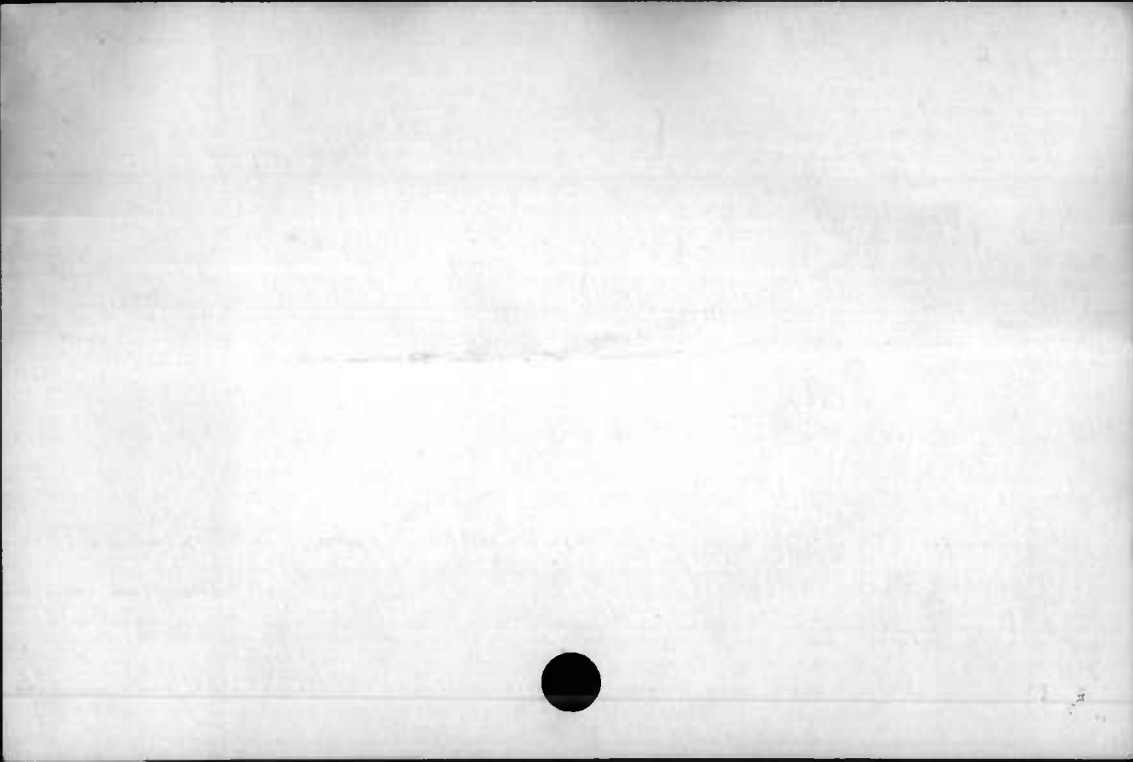
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frank Williams

Died at *Harford* ^{Town} *County* ^{County} **MARYLAND**

Date of death: 190 *5* Month *6* Day *16* Age *57* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Married, Single or Widowed *Widowed* Occupation *Farmer*

Name of Wife or Husband

Father's Name

Mother's Maiden Name

Name of person giving Information

Father's Birthplace

Mother's Birthplace

How related to deceased

120

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary *Chronic Cystitis and Nephritis* How long *Several years*

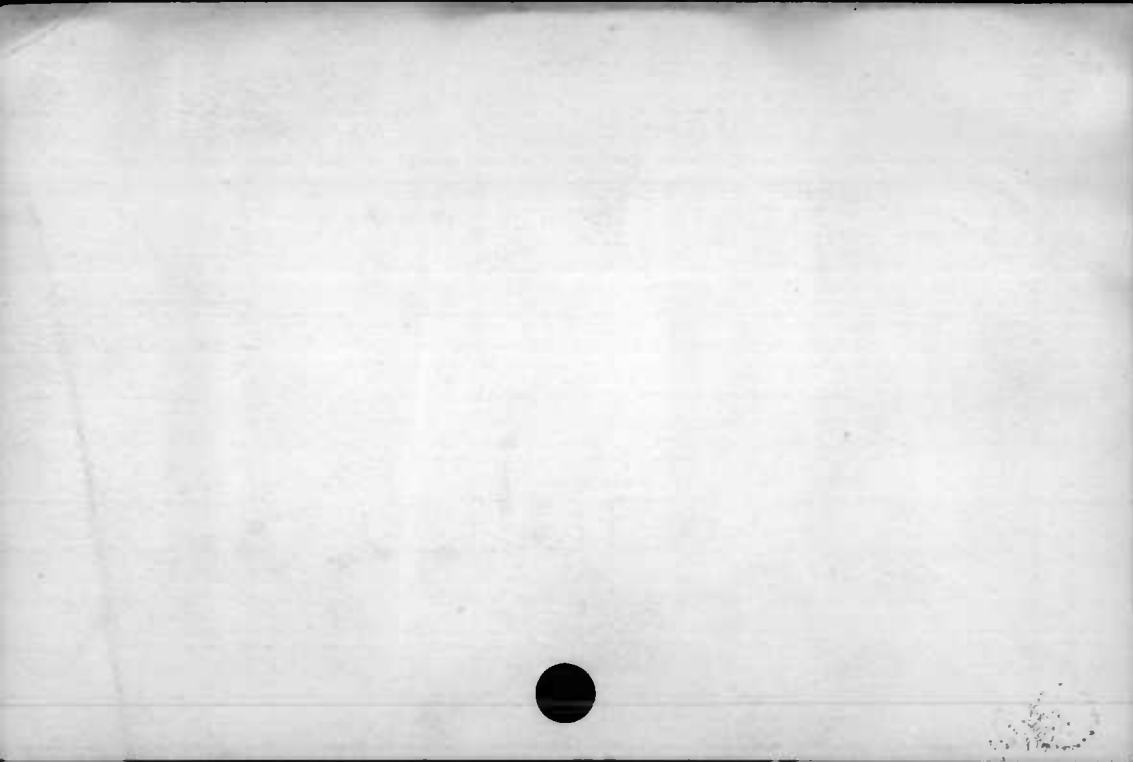
Immediate *Uremia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

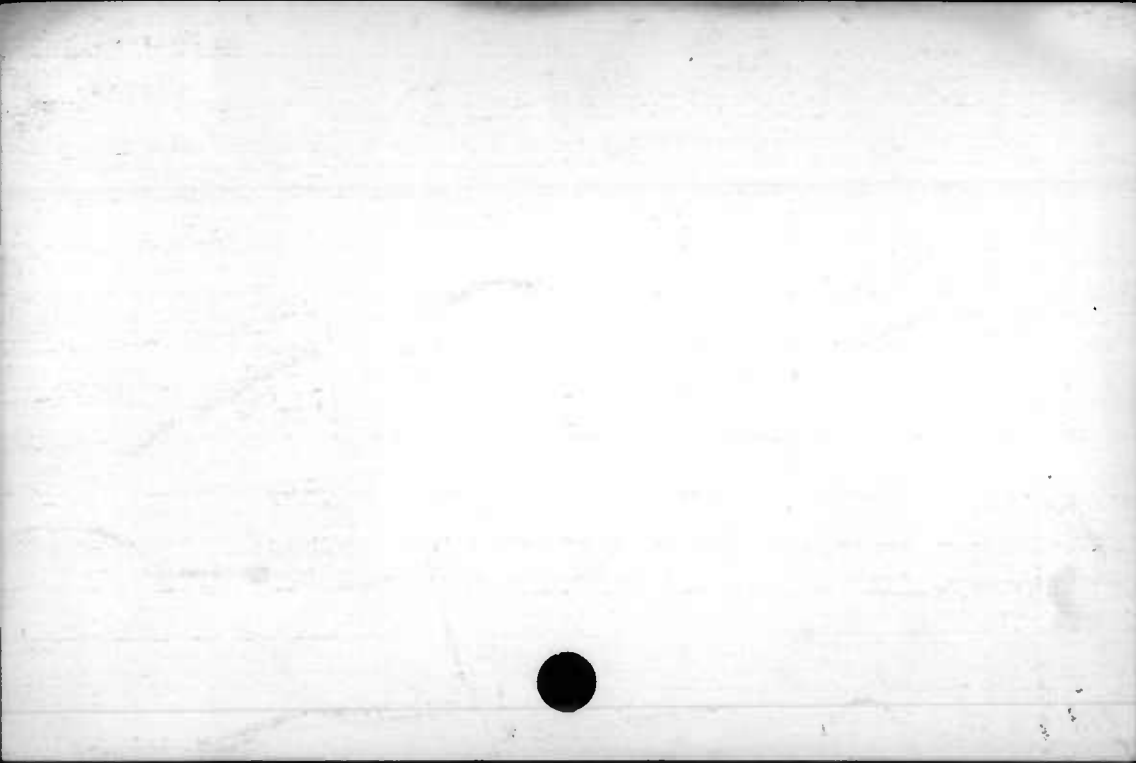
Signature of Physician *James M. Tree*

Address *Stewartstown York Co Pa.*

Accident or Suicide?



Name in Full Philip J Williams		CERTIFICATE OF DEATH	
Died at Harve de Grace <small>Town</small>		Harford <small>County</small>	
Date of death 1903 <small>Month</small> June <small>Day</small> 12		44 <small>Years</small> 4 <small>Months</small> 0 <small>Days</small>	
Sex Male		Color or Race Black	
Occupation Engineer		Birth-place Harford Co	
Where Residing if not at place of death Same			
Married, Single or Widowed Widower		Name of Wife or Husband Emeline Berry	
Father's Name Don't know		Father's Birthplace Don't know	
Mother's Maiden Name Peterson		Mother's Birthplace Don't know	
Name of person giving information Aunnie Cole		How related to deceased Not any	
CAUSES OF DEATH			
Primary Rheumatism		How long 2 or 3 months	
Immediate Kidney complications		How long 6 weeks	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. L. Hopkins	
		Address Harve de Grace Md	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name
in
Full

Helen Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Thomas Run		County Harford		MARYLAND	
Date of death 190		5	6	23	Age 11	Months	Days
Sex	Female	Color or Race		African		Birth- place	
Married, Single or Widowed		Single		Occupation		None	
Name of Wife or Husband							
Father's Name				John A. Wilson			
Mother's Maiden Name				Sarah J. Parrott			
Name of person giving in formation				Wm. Parrott			
Father's Birthplace				Harford Co			
Mother's Birthplace				Harford Co			
How related to deceased				Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Exposure to Tuberculosis	How long	3 1/2 mo
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. A. Fallingsworth	
Address		Brl Oak's road	
Accident or Suicide?		No	

